



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 967

DATE: November 15, 2010

TO: Iowa Medicaid Ophthalmologists, Optometrists and Opticians

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Prism Code V2715
Policy Change for Add-on Codes
Billing for High Power Lenses
Change in Repair Codes
Billing for Contact Lenses

EFFECTIVE: December 1, 2010

Prisms – Procedure code V2715 is payable effective for dates of service on or after December 1, 2010, for members whose vision cannot adequately be corrected with slab-off prisms, code V2710. An exception to policy is no longer required. Reimbursement can be obtained by billing one unit for each lens, in addition to the base code for the lens.

Add-on Codes – Medicaid policy regarding coverage for add-on codes is being revised to be consistent with the Medicare definitions and billing for the codes. Accordingly, the following codes are considered as add-ons, irrespective of whether the provider has a separate fee.

Code	Description
V2710	Glass/plastic slab off prism
V2115	Lens lenticular bifocal
V2118	Lens aniseikonic single
V2121	Lenticular lens, single
V2215	Lens lenticular bifocal
V2218	Lens aniseikonic bifocal
V2219	Lens bifocal seg width over
V2220	Lens bifocal add over 3.25d
V2221	Lenticular lens, bifocal
V2315	Lens lenticular trifocal
V2318	Lens aniseikonic trifocal
V2319	Lens trifocal seg width > 28
V2320	Lens trifocal add over 3.25d
V2321	Lenticular lens, trifocal
V2710	Glass/plastic slab off prism

Code	Description
V2715	Prism lens/es
V2718*	<i>Fresnell prism press-on lens</i>
V2730*	<i>Special base curve</i>
V2744*	<i>Tint photochromatic lens/es</i>
V2745*	<i>Tint, any color/solid/grad</i>
V2750*	<i>Anti-reflective coating</i>
V2755*	<i>UV lens/es</i>
V2756	Eyeglass case
V2760*	<i>Scratch resistant coating</i>
V2780*	<i>Oversize lens/es</i>
V2781*	<i>Progressive lens</i>
V2782	Lens, 1.54-1.65 p/1.60-1.79g (Hi-index)
V2783	Lens, >= 1.66 p/>=1.80 g (Hi-index)
V2784	Lens polycarb or equal
V2786*	<i>Occupational multifocal lens</i>
V2797	Vision supply or service

Billing and reimbursement for the add-on codes is in addition to the base code for the lens. *Codes in italics with an * are not covered under the regular Medicaid policy.* A Medicaid member who wishes to receive a noncovered add-on service on the list above may privately pay for that service.

Examples:

1. A Medicaid member wishes to have photochromatic tint in their lenses. Provider A has only one fee for the lenses that includes both the base code and the photochromatic tint. Medicaid should be billed for the base code for the lenses. The member is responsible to pay the remainder of the provider's usual charge minus the Medicaid fee schedule amount for the base code.
2. Provider B has one fee for the base code and a separate fee for the photochromatic tint. Medicaid should be billed for the base code. The member is responsible to pay the provider's fee for the photochromatic tint. The member should not be charged any remainder between the provider's charge for the base code and the Medicaid fee.

NOTE: Medicaid members must be informed in advance when a service not covered by Medicaid is provided. As a noncovered service, they may choose to pay for it themselves. Providers are encouraged to maintain documentation in their files when a member has chosen to pay for noncovered services themselves.

High Power Lenses – Procedure codes V2110 – V2114, V2210 – V2214 and V2310 – V2314 represent high power lenses. They are no longer considered by Medicaid to be add-on codes and should be billed without the base code for the correction. The fee schedule reimbursement has been adjusted to reflect this change effective for dates of service on or after December 1, 2010.

Repair Codes – Effective for dates of service on or after December 1, 2010, procedure codes for repair of eyeglass lenses and frames are changed to the CPT codes 92370 for non-aphakia and 92371 for aphakia. When both the lenses and frames are repaired on the same date of service, two units should be billed. Procedure codes W2005 for lens repair and W2006 are obsolete for dates of service on or after December 1, 2010, and should not be billed.

Contact Lenses – Effective for dates of service on or after December 1, 2010, procedure code W2023 for fitting and dispensing contact lenses is obsolete and should not be billed. The CPT codes 92310 – 92317 should be billed instead.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us